

## TECHNICAL NOTES

Each issue of this report includes information received and tabulated through the last day of the quarter. Data are tabulated using date of report by the Virginia Department of Division of Disease Prevention, unless otherwise noted. Data are provisional unless otherwise noted.

- HIV totals are cumulative from July 1989; AIDS totals are cumulative from 1982. Over time, HIV infection may progress to AIDS and be reported to surveillance.
- Persons with HIV infection (not AIDS) who are later reported as having AIDS are deleted from the HIV infection (not AIDS) tables and added to the AIDS tables (<http://www.cdc.gov/HIV/topics/surveillance/resources/reports/2004report/technicalnotes.htm>).

### *Age Groups*

- HIV age group tabulations are based on the person's age when the earliest positive HIV test was documented. AIDS age group tabulations are based on the person's age at diagnosis of AIDS. Adolescent/adult cases include persons 13 years of age and older; pediatric cases include children under 13 years of age.

### *Transmission Risks*

- "Men Having Sex with Men (MSM)" includes men who report sexual contact with other men and men who report sexual contact with both men and women.
- "Heterosexual Contact" includes persons who report specific heterosexual contact with an HIV-infected person or with a person at increased risk for HIV infection (e.g., an injecting drug user). Previously, individuals born in "Pattern II" countries were presumed to have acquired HIV infection through heterosexual contact and were included in the "heterosexual contact" mode of transmission. For cases entered after January 1, 1993, being born in a Pattern II country is not considered a sufficiently documented risk for HIV transmission. [The term Pattern II was designated by the World Health Organization (MMWR 1988; 37:286-8, 293-5) to describe areas of sub-Saharan Africa and some Caribbean countries with a distinct transmission pattern in which most reported cases occurred in heterosexuals and the male-to-female ratio is approximately 1:1.]
- "Transfusion Blood/Products" refers to transmitting of HIV via transfusing blood or blood products or transplanting tissue or organs before to March 1985. Cases reporting these modes of transmission after March, 1985 are recorded with this risk only after confirmatory investigations.
- As of October 2001, "Multiple Heterosexual Contacts" has been redefined as HIV or AIDS cases having had sexual relations with ten or more lifetime heterosexual partners, or three or more heterosexual partners in the previous twelve months. Prior to October 2001, "Multiple Heterosexual Contacts" indicated HIV or AIDS cases having none of the other identified risk factors, but have had two or more heterosexual partners with undocumented risks.
- "Undetermined/Not Reported" includes HIV cases not counseled due to medical reasons or who refused counseling. Undetermined/Not Reported also includes AIDS cases lost to surveillance follow-up and for which a risk could not be established.
- It is possible for an adult/adolescent AIDS case to have a pediatric mode of transmission.
- For more information please see <http://www.cdc.gov/HIV/topics/surveillance/resources/reports/2004report/technicalnotes.htm>

### *HIV Testing*

- HIV tests processed by the Division of Consolidated Laboratory Services (DCLS), the central state laboratory. Tests conducted by private laboratories are not included.

### *Syphilis*

- Total early syphilis refers to a diagnosis of primary, secondary, or early latent syphilis.

## *Rates*

- Incidence Rate per 100,000 is calculated by dividing the number of new cases reported by the population size during a defined length of time ( $IR = \# \text{ of new cases} / (\% \text{ of 1 year} \times \text{population}) \times 100,000$ ).
- Rates based on cell counts  $\leq 20$  are suppressed due to rate instability. For more information, please see <http://www.doh.wa.gov/Data/Guidelines/SmallNumbers.htm#QuestionReliability>
- Rates are based on US Census Data for year given unless otherwise noted.

## *Geocoding*

- In 2002, the Division of Disease Prevention initiated geocoding of HIV and STD morbidity to ensure assignment of morbidity to the correct localities. As a result, disease burdens for Health Districts in 2002 and 2003 may differ from prior years.

## *Health Geography*

- The Virginia Department of Health organizes localities into 35 health districts and 5 health regions. For more information please see, <http://www.vdh.virginia.gov/LHD/LocalHealthDistricts.asp>

In the tables for Syphilis, Gonorrhea and Chlamydia by Source of Report, 2005 (6d, 6e, 7d, 7e, 7f, 10d, 10e and 10f) the 'Other' category includes cases reported from the blood bank, correctional facility, drug treatment facility, HIV counseling and testing, Hospital (Inpatient), Lab, Other Clinic, Prenatal/Obstetrics and/or TB clinic.